2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# L04000002073

Entity Name: MURRELL SURGERY CENTER, LLC

Current Principal Place of Business:

830 EXECUTIVE LANE, SUITE NO. 120
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

830 EXECUTIVE LANE, SUITE NO. 120
ROCKLEDGE, FL 32955

New Mailing Address:

FEI Number: 56-2427331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEMING, LINDA L ESQ.
C/O BUCHANAN INGERSOLL PC
401 EAST JACKSON STREET, SUITE 2500
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ZIEGLER, BRIAN S
Address: 830 EXECUTIVE LANE SUITE 120
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM ( ) Delete
Name: ROBINSON, LAWRENCE
Address: 830 EXECUTIVE LANE SUITE 120
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: BRIAN S. ZIEGLER MGRM 03/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date